

Medical Marijuana Registry

MMR Policy Number 2012-8

Policy Title: Medical Marijuana Registry Requirements for Proof of Identity,

Residency and Patient Relationship

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Enacted By: Ronald 5. Hyman

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Purpose

This policy provides documentation guidelines for establishing identity and residency for applicants, caregivers, parents/guardians, or individuals with medical power of attorney for a patient.

Authority

Article XVIII of the Colorado Constitution, (III) (b) states "In order to be placed on the state's confidential registry for the medical use of marijuana, a patient must reside in Colorado..."

Medical Use of Marijuana Regulations, 5 CCR 1006-2, Regulation 2, Section B (6) states the applicant must provide "A copy of a secure and verifiable identity document, in compliance with the Secure and Verifiable Document Act, C.R.S. §24-72.1-101 et seq., for the patient and primary care-giver, if any is designated."

Colorado Revised Statutes § 24-72.1-101 through § 24-72.1-104, the "Secure and Verifiable Identity Document Act", requires that public entities that provide services not accept, rely upon, or utilize an identification document to provide services unless it is a secure and verifiable document. Section 24-72.1-102 (5) provides that a "secure and verifiable document means a document issued by a state or federal jurisdiction or recognized by the United States Government and that is verifiable by federal or state law enforcement, intelligence, or homeland security agencies."

Background

In compliance with the above-referenced authority, the Registry verifies identity for all individuals submitting forms or requesting information from patient records. In addition,

state residency is verified for all applicants prior to issuance of a Medical Marijuana Registration Card.

To create consistency in application and form processing, the Registry has established standard criteria for identifying valid, verifiable documentation. Documentation requirements are categorized in three ways: proof of identity, proof of residency; and proof of relationship.

Policy

The Registry requires proof of identity be submitted with all forms. Forms without proof of identity are rejected. Section I below provides details for valid proof of identity documentation.

Patients submitting a new or renewal application to the Registry must also prove Colorado residency. Patients who submit a Colorado-issued ID do not need to submit additional proof of residency. <u>Patients without a Colorado-issued ID are also required to provide proof residency documents</u>.

The Registry will evaluate the documents presented, and may request additional documentation as deemed necessary. Forms received without valid documentation are rejected.

I. Proof of Identity Documentation

All documents submitted as proof of identity must be valid when received by the Registry and contain the individual's legal name, date of birth, and have both an issue and expiration date. Photocopies must be clear and legible. Do not send original documents to the Registry.

A. Colorado Government-Issued IDs

- IDs from Colorado Department of Motor Vehicles
 - o Driver's license
 - o Temporary driver's license
 - o ID card
 - o Temporary ID

• IDs from Colorado Department of Natural Resources

- o Fishing License with issue and expiration dates
- o Hunting License with issue and expiration dates

B. IDs not issued by the Colorado State Government

All documents on the following list must be verifiable through the International ID Checking Guide or direct contact with the issuing agency. Non-Colorado IDs require additional time for verification through the Registry's Fraud Prevention Unit. Patients submitting one of the following documents for application purposes must also submit proof of residency documentation.

| Document | Issuing Agency and Stipulations | |
|--|---|--|
| Out-of-state driver's license or photo | Issued by a U.S. state or territory listed in the | |
| ID | International ID Checking Guide (latest | |
| | edition). | |
| U.S. Passport | Issued by U.S. Department of State, copy must | |
| | include both photo and signature pages. | |
| U.S. Military ID card | Issued by a branch of the U.S. Armed Forces, | |
| | including military reserves and the National | |
| | Guard. All IDs must have an expiration date. | |
| | Copies must include front and back of ID to | |
| | ensure all vital information is provided. | |
| Tribal ID card | Issued by a federally recognized Native | |
| | American tribe. | |
| Non-expiring out-of-state IDs | Issued by a U.S. state or territory listed in the | |
| | International ID Checking Guide (latest | |
| | edition). IDs without expiration dates will be | |
| | accepted if they are verifiable as described | |
| | above and have been issued within the last five | |
| | years. | |
| Alien Registration Receipt/Permanent | | |
| Resident Card | ID must be submitted. The ID must include full | |
| | name, issue and expiration dates and the date of birth. | |
| Employment Authorization Card (I- | Issued by the U.S. government, both sides of | |
| 766) | ID must be submitted. The ID must include full | |
| | name, issue and expiration dates and the date of | |
| | birth. | |
| Temporary Resident Card | Issued by the U.S. government, both sides of | |
| | ID must be submitted. The ID must include full | |
| | name, issue and expiration dates and the date of | |
| | birth. | |
| U.S. Citizenship ID Card (I-197) | Issued by the U.S. government, both sides of | |
| | ID must be submitted. The ID must include full | |
| | name, issue and expiration dates and the date of | |
| | birth. | |

II. Proof of Residency Documentation

All documents submitted as proof of residency must contain the issuing organization's logo and contact information, the patient's name and address, and be current. Patient's address must be in Colorado. Unless otherwise indicated, documents are considered current if they are dated within 60 days of the date of receipt at the Registry.

| Document | Stipulations | |
|--|---|--|
| Paystub | The copy of the paystub must include the | |
| | complete contact information for the | |
| | employer and patient. | |
| W-2 | The W-2 must be for the most recent tax | |
| | year. | |
| Utility Bill | Bills from telephone, electricity, water, | |
| | trash, cable, or internet providers are | |
| | considered valid and verifiable. Copies of | |
| | bills must be complete, including the pay | |
| | coupon. Bills must include the | |
| | organization's name, logo and contact | |
| | information. | |
| Government-issued benefit letters or | All letters must include the government | |
| retirement statements | agency's logo, contact information, the | |
| | patient's name and address, and an account | |
| | or case number. Examples of acceptable | |
| | benefit letters include PERA, | |
| | Medicaid/Medicare, Food Stamps/Food | |
| | Assistance, Temporary Aide to Needy | |
| | Families, and Social Security benefits. | |
| Colorado -issued certification | Certification documents must be issued by | |
| documents | a Colorado state agency and dated within | |
| | the last year. Examples of verifiable | |
| | certification documents include nursing, | |
| | electrician, cosmetology, or teaching | |
| | certificates. | |
| Certified Copy of Colorado State Tax | The tax return must be for the most recent | |
| Return | tax year. | |
| Tuition, medical or housing invoice or | Invoices or enrollment letters must include | |
| enrollment verification letters from | the school logo and contact information; | |
| Colorado-based university or college. | patient name and Colorado mailing | |
| | address; and student number. All invoices | |
| | must be for the current semester. | |
| Colorado Motor Vehicle Registration | The motor vehicle registration must have | |
| | been issued within the last calendar year, | |
| | include the patient's legal name, and have a | |
| | Colorado mailing address. | |
| Colorado Voter Registration | The voter registration must have been | |
| | issued within the last calendar year, include | |
| | the patient's legal name, and have a | |
| | Colorado mailing address. | |

III. Proof of Relationship Documentation

Proof of relationship documentation issued by an authorized local, state, federal or foreign government agency is required when patients change names or an individual other than the patient has authority to access or make modifications to patient records.

| Document | Purpose | Stipulations |
|--|---|--|
| Birth Certificate | Demonstrate name change Establish parental relationship with a minor | A copy of the certified , official birth certificate is required. Must have state file number and state seal. |
| Divorce Decree | Demonstrate name change Establish parental guardianship | A copy of the entire certified divorce decree including stipulations for change of name and/or guardianship is required. Must be a final order, have case number and agency's stamp/electronic court seal. |
| Court Documentation of Official Name Change | Demonstrate name change | A copy of the entire certified court decree detailing official change of patient name. Document must demonstrate change from the old name as listed in the Registry's database to the new name. Must be a final order, have case number and agency's stamp/electronic court seal. |

| Document | Purpose | Stipulations |
|-------------------------------------|--|---|
| Medical Power of Attorney (MPOA) | Grant permission for an individual to facilitate medical care decisions and processes for a patient. | A copy of a medical power of attorney that establishes the rights and responsibilities delegated to an individual for the care of the patient, and the period of time for which these rights are extended. The Registry recommends an acknowledged (notarized or signed by two witnesses) copy of the MPOA. Any MPOA that is not acknowledged will require additional verification. |
| Power of Attorney (POA) | Grant permission for an individual to facilitate medical care decisions and processes for a patient. | The Power of Attorney must specifically indicate that the agent has authority to make medical or health care decisions for the patient. The Registry recommends an acknowledged (notarized or signed by two witnesses) copy of the POA. Any POA that is not acknowledged will require additional verification. |
| Court-ordered Guardianship | Establish parent/guardian relationship for a minor | A copy of the certified, court-issued guardianship papers must include the full legal name of the guardian and the patient, and establish the time period for which guardianship is extended. Must be a final order, have case number and agency's stamp/electronic court seal. |

| Document | Purpose | Stipulations |
|--|-------------------------|--|
| Marriage License or State Vital Records Confirmation of Marriage | Demonstrate name change | A copy of the entire certified, recorded marriage license. License must include an official government stamp, the license number and a recording date or reception number. |
| Certified State Verification of a Marriage Record | Demonstrate name change | Certified verification of a marriage record must contain the agency logo and contact information, official stamp or seal, the date of marriage and the license number. |

III. Proof of Identity or Residency Appeal Process

Patients without the documents detailed above, may contact the Registry's Customer Service Unit for assistance in identifying valid, verifiable documents the Registry can accept to prove the following identity criteria:

- o Legal name
- o Date of birth
- o Colorado residency
- o Social security number